

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90047 048 \*\*\*\*61.25

**DOCUMENT # N18803**

1. Entity Name

**CITRUS HILLS CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 1557  
HERNANDO FL 34442-1557  
US

PO BOX 1557  
HERNANDO FL 34442-1557  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2746863**

Applied For

Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, CATHERINE W**  
**48 E LIBERTY ST**  
**HERNANDO FL 34442**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Catherine W Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*apr. 11, 2000*

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | TD                    | <input type="checkbox"/> Delete |
| NAME           | RUGALA, MARY JANE     |                                 |
| STREET ADDRESS | 179 EAST DAKOTA COURT |                                 |
| CITY-ST-ZIP    | HERNANDO FL           |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | CALDWELL, CHARLES     |                                 |
| STREET ADDRESS | 288 E. DAKOTA CT.     |                                 |
| CITY-ST-ZIP    | HERNANDO FL           |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Delete |
| NAME           | MCLEOD, CARLTON J     |                                 |
| STREET ADDRESS | 670 W PERSON ST       |                                 |
| CITY-ST-ZIP    | HERNANDO FL           |                                 |
| TITLE          | P. D                  | <input type="checkbox"/> Delete |
| NAME           | TRAUX, ROBERT C.      |                                 |
| STREET ADDRESS | 801 N. BERLIN PT.     |                                 |
| CITY-ST-ZIP    | INVERNESS FL          |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BRENT, JAMES W.       |                                 |
| STREET ADDRESS | 172 E. DAKOTA CT.     |                                 |
| CITY-ST-ZIP    | HERNANDO FL           |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | SAKSON, MARYLEE       |                                 |
| STREET ADDRESS | 240 W. CHASE ST.      |                                 |
| CITY-ST-ZIP    | HERNANDO FL 34442     |                                 |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | P                     | <input type="checkbox"/> Change |
| NAME           | Russo, Dorothy Jo     |                                 |
| STREET ADDRESS | 480 E Epsom Ct        |                                 |
| CITY-ST-ZIP    | Hernando, FL 34442    |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Change |
| NAME           | Braisted, Lawrence    |                                 |
| STREET ADDRESS | 18 W Keller St        |                                 |
| CITY-ST-ZIP    | Hernando, FL 34442    |                                 |
| TITLE          | VP                    | <input type="checkbox"/> Change |
| NAME           | Longtin, Leo Paul     |                                 |
| STREET ADDRESS | 729 E Gaines La.      |                                 |
| CITY-ST-ZIP    | Hernando, FL 34442    |                                 |
| TITLE          | D                     | <input type="checkbox"/> Change |
| NAME           | Stock, Lillian        |                                 |
| STREET ADDRESS | 535 N Hambletonian Dr |                                 |
| CITY-ST-ZIP    | Inverness, FL 34452   |                                 |
| TITLE          | D                     | <input type="checkbox"/> Change |
| NAME           | Harriman, Gerald W    |                                 |
| STREET ADDRESS | 328 E Doplin Ct.      |                                 |
| CITY-ST-ZIP    | Hernando, FL 34442    |                                 |
| TITLE          | D                     | <input type="checkbox"/> Change |
| NAME           | Roseberry, miney D    |                                 |
| STREET ADDRESS | 270 W Liberty St.     |                                 |
| CITY-ST-ZIP    | Hernando, FL 34442    |                                 |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11.

SIGNATURE:

*Robert C. Traux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-11-00 352 860 1630*